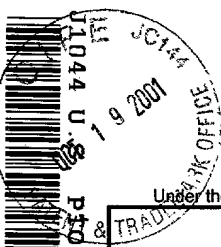


10/19/01



01-07-02

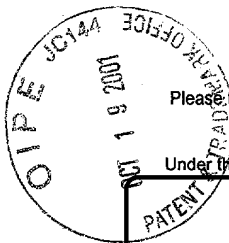
A/Reissue

PTO/SB/56 (02-01)  
 Approved for use through 01/31/2004. OMB 0651-0035  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 7594.10		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$ _____ =		or	x \$ 18 = \$ 0	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =			x \$ 84 = \$ 0	
Basic Fee (37 CFR 1.16(h))						\$ _____	\$ 740	
Total Filing Fee						\$ _____	OR \$ 740	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* = 26	x \$ _____ =		x \$ 18 = \$ 468	
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 3	= 4	x \$ _____ =		x \$ 84 = \$ 336	
Total Additional Fee						\$ _____	OR \$ 804	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>14-0225</u> in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>14-0225</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
10/19/01 Date				 Signature of Applicant, Attorney or Agent of Record Paul W. Martin Typed or printed name				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/50 (02-24)  
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## REISSUE PATENT APPLICATION TRANSMITTAL



<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	7594.10
	<b>First Named Inventor</b>	Lutz et al.
	<b>Original Patent Number</b>	5,967,264
	<b>Original Patent Issue Date (Month/Day/Year)</b>	10/19/99
	<b>Express Mail Label No.</b>	EK295543623US

**APPLICATION FOR REISSUE OF:**  
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: <u>Offer to Surrender</u> ..... .....
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

### 18. CORRESPONDENCE ADDRESS

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		Fax	937-445-8394

NAME (Print/Type)	Paul W. Martin	Registration No. (Attorney/Agent)	34870
Signature		Date	10/19/01

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